

**Title 17, California Code of Regulations (CCR), §2500, §2593, §2641–2643, and §2800–2812**  
**Reportable Diseases and Conditions\***

**§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.**

- **§2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§2500(c)** The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- **§2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

**URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]**

- ☎ = Report **immediately** by **telephone** (designated by a ♦ in regulations).  
† = Report **immediately** by **telephone** when **two or more cases** or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).  
FAX ☎ ☒ = Report by **FAX, telephone, or mail within one working day of identification** (designated by a + in regulations).  
= All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

**REPORTABLE COMMUNICABLE DISEASES §2500(j)(1), §2641–2643**

Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")			
FAX ☎ ☒	Amebiasis	☎	Paralytic Shellfish Poisoning
FAX ☎ ☒	Anisakiasis	FAX ☎ ☒	Pelvic Inflammatory Disease (PID)
☎	Anthrax	☎	Pertussis (Whooping Cough)
FAX ☎ ☒	Babesiosis	FAX ☎ ☒	Plague, Human or Animal
☎	Botulism (Infant, Foodborne, Wound)	FAX ☎ ☒	Poliomyelitis, Paralytic
☎	Brucellosis	FAX ☎ ☒	Psittacosis
FAX ☎ ☒	Campylobacteriosis	FAX ☎ ☒	Q Fever
	Chancroid	☎	Rabies, Human or Animal
☎	Chlamydial Infections	FAX ☎ ☒	Relapsing Fever
☎	Cholera		Rheumatic Fever, Acute
☎	Ciguatera Fish Poisoning		Rocky Mountain Spotted Fever
	Coccidioidomycosis		Rubella (German Measles)
FAX ☎ ☒	Colorado Tick Fever		Rubella Syndrome, Congenital
FAX ☎ ☒	Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	FAX ☎ ☒	Salmonellosis (Other than Typhoid Fever)
FAX ☎ ☒	Cryptosporidiosis	☎	Scombroid Fish Poisoning
	Cysticercosis	FAX ☎ ☒	Shigellosis
☎	Dengue	☎	Smallpox (Variola)
☎	Diarrhea of the Newborn, Outbreaks	FAX ☎ ☒	Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
☎	Diphtheria	FAX ☎ ☒	Swimmer's Itch (Schistosomal Dermatitis)
☎	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX ☎ ☒	Syphilis
	Echinococcosis (Hydatid Disease)		Tetanus
	Ehrlichiosis		Toxic Shock Syndrome
FAX ☎ ☒	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		Toxoplasmosis
☎	<i>Escherichia coli</i> O157:H7 Infection	FAX ☎ ☒	Trichinosis
† FAX ☎ ☒	Foodborne Disease	FAX ☎ ☒	Tuberculosis
	Giardiasis	☎	Tularemia
	Gonococcal Infections	FAX ☎ ☒	Typhoid Fever, Cases and Carriers
FAX ☎ ☒	<i>Haemophilus influenzae</i> Invasive Disease		Typhus Fever
☎	Hantavirus Infections	☎	Varicella (deaths only)
☎	Hemolytic Uremic Syndrome	FAX ☎ ☒	<i>Vibrio</i> Infections
	Hepatitis, Viral	☎	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
FAX ☎ ☒	Hepatitis A		Water-associated Disease
	Hepatitis B (specify acute case or chronic)	FAX ☎ ☒	Yellow Fever
	Hepatitis C (specify acute case or chronic)	☎	Yersiniosis
	Hepatitis D (Delta)	FAX ☎ ☒	<b>OCCURRENCE of ANY UNUSUAL DISEASE</b>
	Hepatitis, other, acute	☎	<b>OUTBREAKS of ANY DISEASE</b> (Including diseases not listed in §2500). Specify if institutional and/or open community.
	Human Immunodeficiency Virus (HIV) (§2641–2643): reporting is NON-NAME (see <a href="http://www.dhs.ca.gov/aids">www.dhs.ca.gov/aids</a> )		
	Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)		
	Legionellosis		
	Leprosy (Hansen Disease)		
	Leptospirosis		
FAX ☎ ☒	Listeriosis		
	Lyme Disease		
FAX ☎ ☒	Lymphocytic Choriomeningitis		
FAX ☎ ☒	Malaria		
FAX ☎ ☒	Measles (Rubeola)		
FAX ☎ ☒	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		
☎	Meningococcal Infections		
	Mumps		
	Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)		

**REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)**

Alzheimer's Disease and Related Conditions, and Disorders Characterized by Lapses of Consciousness  
Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)

**LOCALLY REPORTABLE DISEASES (If Applicable):**

\* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, §1364).